

TRANSMITTAL
FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

4

Application Number

AL01071K 10 088629

Filing Date

03/19/02

First Named Inventor

Heithoff

Art Unit

1614

Examiner Name

Spivack

Attorney Docket Number

AL01071K

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	Postcard; _____
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	<input type="checkbox"/> Landscape Table on CID	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	Remarks	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Schering-Plough Corporation.		
Signature	<i>Robert J. Lipka</i>		
Printed name	Robert J. Lipka		
Date	May 05, 2005	Reg. No.	42,807

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name		Date	

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer U S Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED I TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 <small>((Fees pursuant to the Consolidated Appropriations Act 2005 (H.R. 4818).))</small>		Docket Number (optional) AL01071K																		
Application Number 10/088,629		Filed 03/19/02																		
For Treating allergic and inflammatory conditions																				
Art Unit 1614		Examiner Spivack																		
<p>This is a request under the provisions of 37 CFR 1. 1 36(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check ti me period desired and enter the appropriate fee below):</p> <table><thead><tr><th></th><th>Fee</th><th></th></tr></thead><tbody><tr><td><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))</td><td>\$120</td><td>\$ <u>120.00</u></td></tr><tr><td><input type="checkbox"/> Two months (37 CFR 1. 1 7(a)(2))</td><td>\$450</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> Three months (37 CFR 1. 1 7(a)(3))</td><td>\$1020</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1. 1 7(a)(4))</td><td>\$1590</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> Five months (37 CFR 1. 1 7(a)(5))</td><td>\$2160</td><td>\$ _____</td></tr></tbody></table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1-27.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>19-0365</u> I have enclosed a duplicate copy of this sheet.</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).</p> <p><input type="checkbox"/> attorney or agent of record. Registration Number _____</p> <p><input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 <u>42,807</u></p> <p><u>Robert J. Lipka</u> <u>May 5, 2005</u> Signature Date</p> <p><u>Robert J. Lipka</u> <u>908-298-5056</u> Typed or printed name Telephone Number</p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms N more than one Signature is required, see below.</p> <p><input checked="" type="checkbox"/> Total of <u>1</u> forms are submitted.</p>				Fee		<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$ <u>120.00</u>	<input type="checkbox"/> Two months (37 CFR 1. 1 7(a)(2))	\$450	\$ _____	<input type="checkbox"/> Three months (37 CFR 1. 1 7(a)(3))	\$1020	\$ _____	<input type="checkbox"/> Four months (37 CFR 1. 1 7(a)(4))	\$1590	\$ _____	<input type="checkbox"/> Five months (37 CFR 1. 1 7(a)(5))	\$2160	\$ _____
	Fee																			
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<input type="checkbox"/> Five months (37 CFR 1. 1 7(a)(5))	\$2160	\$ _____																		

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application Confidentiality is governed by 35 U.S.C- 122 and 37 CFR 1-1 1 and 1-14. This collection is estimated to take 6 rminutes to complete, including gathering preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden should be sent to the Chief Information Officer, U.S. Patent and Trademark Office U S Department of Commerce P.O. Box 1450 Alexandria, VA 22313-1456 DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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